

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

11 APR -4 PM 4:22

CITY CLERK DEPARTMENT

TP

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Rodin		Mari	Lisa

1. Office, Agency, or Court

Agency Name _____
 City of Ukiah _____
 Division, Board, Department, District, if applicable _____ Your Position _____
 City Council _____ City Council Member _____

► If filing for multiple positions, list below or on an attachment.

Agency: See Attachment Position: _____

2. Jurisdiction of Office (Check at least one box)

<input type="checkbox"/> State	<input type="checkbox"/> Judge (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of <u>Ukiah</u>	<input type="checkbox"/> Other _____

3. Type of Statement (Check at least one box)

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is ____/____/____, through December 31, 2010.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one) <input type="radio"/> The period covered is January 1, 2010, through the date of leaving office. <input type="radio"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date ____/____/____	
<input type="checkbox"/> Candidate: Election Year _____ Office sought, if different than Part 1: _____	

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input checked="" type="checkbox"/> Schedule B - Real Property – schedule attached	<input checked="" type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. [Redacted Signature Area]

I certify under penalty of perjury under the laws of the State of California that the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.

Date Signed 3/2/11 Signature _____
 (month, day, year)

Attachment 1

Mendocino Council of Governments (MCOG) – Board Member

Economic Development & Financing Corp (EDFC) – Board Member

Mendocino County Local Area Foundation Commission (LAFCO) – Board Member

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Mari Roden

► STREET ADDRESS OR PRECISE LOCATION

415 W. Perkins St.

CITY

Ukiah

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Plantscape Industry
Alliance

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Harold Lance

ADDRESS (Business Address Acceptable)

5527 N. Hayford Rd

BUSINESS ACTIVITY, IF ANY, OF LENDER

Spokane WA 99224

INTEREST RATE

TERM (Months/Years)

8 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mari Rodin

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Hopper + Rodin Assoc.

ADDRESS (Business Address Acceptable)

418 Oak Park Ave, Ukiah

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Partner - grantwriting

YOUR BUSINESS POSITION

partner

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Income from consultant
services billed. (Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

Mari Rodin
 Form 700
 Attachment to Schedule C
 Sources and Amount of Income >\$10,000 (contracts)

Mendocino County	HHSA, Community Health Services	Grantwriting	\$25,000	1 July 2010 - 30 June 2011
Mendocino County	HHSA, Community Health Services, Prevention and Planning Unit	DFC and STOP grants evaluation	\$8,800	1 Oct. 2010 - 30 Sept. 2011
Mendocino County	HHSA, Community Health Services, Prevention and Planning Unit	WAFER grant evaluation	\$15,000	1 Oct. 2010 - 30 June 2011
Mendocino County	HHSA: ASOC/OASOC, Mental Health, AODP, CSOC, and WIA	Grantwriting	\$36,000	1 July 2010 - 30 June 2011

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Mari Rodin</u>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>► NAME OF SOURCE <u>League of California Cities</u></p> <p>ADDRESS (Business Address Acceptable) <u>Sacramento, CA</u></p> <p>CITY AND STATE <u>21400 K. Street</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>activities related to board membership</u></p> <p>DATE(S): <u>1/1/10 - 12/31/10</u> AMT: \$ <u>639.73</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>► NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>► NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>► NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____